

URBAN DISTRICT COUNCIL

OF

NEW QUAY, CARDIGANSHIRE

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT 1972

MEDICAL OFFICER OF HEALTH:

W. J. St. E.-G. Rhys, M.A., M.B., B.S., B.Sc., M.B.C.O.G., D.P.H., M.F.C.M.

PUBLIC HEALTH INSPECTOR:

Mansel Hughes, M.R.S.H., M.A.P.H.I.



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NEW QUAY URBAN DISTRICT COUNCIL

Chairman 1971/72

Councillor Ivor Pursey

Chairman 1972/73

Councillor Calwel Davies

The Council consists of nine members including the Chairman.  
All matters concerning the Public Health are considered by  
the whole Council.

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Clerk of the Council: E. T. Clarke, Esq., M.B.A.C.,  
Council Offices,  
NEW QUAY,  
Cardiganshire.

Telephone: New Quay 275



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To the Chairman and Members of  
New Quay Urban District Council

### PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for the year 1972.

The number of live births registered during the year was nine, an increase of one over the number for last year. There were no registered stillbirths and no infant died before the first birthday. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was ten, a decrease of six from the figure for 1971. Five people died of heart disease, four of cancer and one of 'stroke'.

There were no unusual notifications of infectious diseases during 1972. No new case of tuberculosis was notified during the year, and no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

It was hoped to incorporate in this Annual Report for 1972, an analysis of the Vital Statistics for 1973 as well, but it has now become obvious that the Office of Population Censuses and Surveys will be unable to supply the basic information necessary for any assessment, before this Council ceases to exist as such.

Consequently this is the last Annual Report I shall have the pleasure of presenting as your Medical Officer of Health. I have attempted over the years to draw your attention to various problems affecting the public health, and on



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this last occasion I would like to highlight some of those problems that are likely to be encountered in the future, against a backcloth of those that occurred in the past.

Let us then look at the conditions existing in Britain when the first Medical Officers of Health were appointed in the middle of the last century. By 1850 the Industrial Revolution was complete, and whereas in 1780, about 75 per cent of Britain's population worked on the land, by 1850 only 40 per cent did so; the rest worked in factories and existed in the disgraceful conditions brought about by the Industrial Revolution. Mothers and children slaved in industry, and many families occupied one small room, in which children witnessed birth, death and the horrors of Smallpox. Pauper children were sent by the cartload to work for 15 hours a day, 6 days a week as cheap labour in industry, and were kept in barracks near the factories.

The fear of infectious disease was real - in 1849 there were 53,000 deaths from cholera in this country. The official social conscience was nonexistent, as evidenced by the Andover Scandal in 1845, and the treatments carried out in the name of medicine and surgery are best left untold.

Against this backcloth of squalid life and merciful death, where at least 200. and often 250 children out of 1,000 born were due to die before their first birthday, and people did not hope to live beyond the age of forty, was set up the first Public Health Act of 1848, and Sir John Simon was appointed the first Medical Officer of Health of London. No one, before or since, has done more for the health of this country. The broad social outlook of his reports, the part he played in reforming the training of doctors and the methods used in the General Register Office are witnesses to the comprehensiveness of his approach to the problems of the public health. From the £2,000 a year he





received for his investigations has grown the whole organized system of medical research in Britain. He set up a Royal Sanitary Commission and for the first time emphasis was laid on prevention of pollution of water, cleanliness of dwellings, disposal of refuse and smoke, inspection of food, the burying of the dead without injury to the living and registration of sickness and death.

The introduction of compulsory education in 1871 meant that young children could no longer be sent out to work to earn money, but had to be maintained by their parents until school-leaving age - as a result the birth rate (35 per 1,000 population in 1871) started to fall and, apart from a rise associated with the second world war, has continued to fall each year ever since, until in 1972 it was only 15 per 1,000 population. However during this hundred year period the population of England and Wales has doubled from 24 million in 1871, to 49 million in 1972. This paradox is the result of the corresponding fall in infant mortality per 1,000 live births, from 149 in 1871 to 17 in 1972, and the concomitant decline in death rate per 1,000 living, from 21 in 1871 to 12 in 1972.

Slowly the reforms of the 19th century began to take effect, so that by the early years of this present century the country was ready to accept the broad social policies of Mr. Lloyd George - it is salutary to realize that the 10s. Cd. a week benefit paid to a sick man in 1911 represented a higher proportion of the average wage, and more purchasing power than the amount paid today.

The Ministry of Health was formed in 1919, and soon inaugurated maternity and child care clinics and campaigns against infectious diseases. It was almost inevitable that this medical and social reform should gain momentum, and culminate in the National Health Service Acts of 1946 and 1973.

Let us now look at some of the present and future problems against this sketchily painted backcloth of the past. One of the most important problems



that will face us in the future will be the problem of old age. At the beginning of this century only 4 per cent of the population in Britain was over 65 years of age, now 13 per cent are over 65 and in 1990, 17 per cent will be over 65. It is heartening to realize that only 3 per cent of people over 65 years of age are at present in homes for the aged, the vast majority continuing to live in their own community receiving support from their families. However, as families in this country continue to get smaller and smaller, and the number of old people continues to get bigger and bigger, the real problem of loneliness in old age will loom larger and larger, as there will be fewer and fewer middle aged people to care for more and more elderly people in their own homes, and the percentage of old people in homes for the aged will unfortunately rise. However it is our duty to provide services and support to enable the elderly person, who is otherwise healthy, and wishes to spend the evening of her life at her own familiar hearth, to do so, and when her time comes, let the place be her own loved home. I use the word 'her' advisedly because women live longer than men - in fact for every 1,000 women over 75 years of age in this country in 1972, there were only 457 men.

In Cardiganshire we have already reached the projected figure, for the year 1990 in Britain, of 17 per cent of people over 65 years of age, according to a comprehensive survey carried out in 1973 by the Director of Social Services. It is interesting also to note from this survey that, according to the elderly themselves, far and away the most popular of all the services provided for them, is the Domiciliary Library Service which was inaugurated many years ago by our own County Librarian.

If the problems of ageing concern us, so also should the problems of maintaining the quality of life. Because our cities and towns are so large



they, like the dinosaurs, are nonviable, and so satellite towns are built, but these are palliative only, and so the cancer of urbanization spreads into what is left of the countryside proper, converting it into an urban slum (or 'slurb'). This has happened in the United States of America, where an area of countryside, equal in size to Britain, lying between Boston and Washington has already been converted into one enormous slurb.

The people who live in the nonviable cities and industrial towns, attempt to move away from the polluted atmosphere they have created, in order to preserve what is left of their physical health, and they move into the surrounding country villages, which they "develop" into the concrete jungles called dormitory towns, which breed not physical, but psychiatric illness, due to the complete absence of community life. The need to escape from all this, results in a recurring movement of population out from the dormitory housing estates into the unspoilt ("undeveloped") countryside, with the inevitable consequence that "development" occurs in the form of huge caravan sites and holiday villages, complete with all the paraphernalia that appears to be necessary to urban existence, as opposed to urbane living. These population movements will increasingly pose very real public health problems, as more and more hitherto unsullied rivers and streams become polluted, and it is true to say that the Affluent Society is fast becoming an Effluent Society which is destroying our environment.

Another problem to consider is the changing pattern of disease. A hundred years ago most people in this country breathed pure air, but drank polluted water. They died of nutritional and infectious diseases, which were associated with poverty and fatigue. Nowadays most people in this country drink pure water, but breathe polluted air. They die of coronary heart disease, cancer





tri y cant o'r bobl dros 65 oed sydd ar hyn o bryd mewn cartrefi henoed a'r mwyafrif llethol yn dal i fyw yn eu cyndogaeth eu hunain ac yn cael eu cynnal gan eu teuluoedd. Beth bynnag, am fod teuluoedd y wlad hon yn mynd yn llai ac yn llai, a nifer yr henoed yn mynd yn fwy ac yn fwy, fe fydd gwir broblem uni-grwyd henaint yn cynyddu, oherwydd ceir llai a llai o bobl canol oed i ofalu am fwy a mwy o henoed yn eu cartrefi eu hunain, ac yn anffodus fe gyfyd cyfartaledd nifer yr hen bobl mewn cartrefi henoed. Serch hynny, ein dyletswydd ni yw sicrhau gwasanaethau i alluogi i'r person oedrannus iach sy'n dymuno Treulio hwyrnos bywyd ar ei haelwyd gyfarwydd hi ei hun fedru gwneud hynny, a phau ddaw angau, y gelyn olaf heibio bydded iddi gael ffarwelio a'r ddaear hon o'i haelwyl gartref ei hun. O fwriad defnyddiof y rhagenw "hi" oblegid mae gwragedd yn byw yn hwy na dynion - fel mater o ffaith am bob 1,000 o wragedd dros 75 oed yn y wlad hon yn 1972, nid oedd ond 457 o ddynion.

Yn Sir Aberteifi, yr ol arolwg cynhwysfawr Gyfarwyddwr y Gwasanaethau Cyndeithasol am 1973, rydym eisoes wedi cyrraedd yr amcangyfrif dros Brydain am y flwyddyn 1990, sef dau-ar byntheig y cant dros 65 oed. Mae'n ddiddorol sylwi hefyd ar un ffaith arall sy'n deillio o'r arolwg hwn sef bod yr henoed, yn ol eu tystiolaeth hwy eu hunain yn ystyried mai un o'r gwasanaethau mwyaf poblogaidd o bell ffordd o'r rhai a gynigir iddynt yw'r Llyfrgell Deithiol, a gychwynwyd gan Llyfrgellydd y Sir hon.flynyddoedd maith yn ol.

Os ydy problem mynd yn hen yn ein poeni ni, yna fe dylai'r broblem o ddiogelu ansawdd bywyd ein poeni ni hefyd. Am fod ein dinasoedd a'n trefi mor fawr, maent fel y dinosaurs, yn anhyfyn, neu'n anabl i foddi, felly adeiledir cylchdrefi, ond dim ond lliniaru dipyn ar bethau a wnant hwy felly mae'r cancr trefoli yn ynledu i'r hyn sy'n weddill o gefn gwlad a'i weddnewid yn slym trefol. Fe dligwydodd hyn eisoes yn America lle cafodd darn o gefngwlad rhwng Boston a Washington sy'n gyfartal o ran maint a Phrydain ei droi'n un slym enfawr.





Whereas a hundred years ago, one was ill because one was poor, today one is more likely to be ill because one is rich, and there appear to be grounds now, as far as health is concerned, for advocating a mode of life which embraces a medically orientated puritanism.

A more detailed account of the work of the Public Health Department, including a portion by the Public Health Inspector, will be found in the following pages.



At Gadeirydd ac Lelodau Cyngor  
Dosbarth Trefol Cei Newydd

WGLIR

Pleser i mi yw cyflwyno Adroddiad Blynyddol yr Adran Iechyd Cyhoeddus am y flwyddyn 1972.

Cofrestrwyd naw o fabanod a anwyd yn fyw yn ystod y flwyddyn; un yn fwy na'r nifer am y flwyddyn cynt. Ni chofrestrwyd un marw-anedig ac ni bu farw un baban cyn cyrraedd un mlwydd oed. Ni bu farw un fenyw am ei bod yn feichiog, ac ni chafwyd un marwolaeth ar enedigaeth na thrwy erthyliad.

Cofrestrwyd deg o farwolaethau; chwech yn llai na'r nifer am 1971. Cyfrif clefyd y galon am bump o'r marwolaethau hyn, y caner am bedwar a'r strôc am un.

Ni bu clefydau heintus anarferol yn ystod 1972. Ni chafwyd un achos newydd o'r ddarfodedigaeth ac ni bu farw un person o'r clefyd hwn. Er mwyn dod o hyd i bob person a fu newn cyffyrddiad a'r achos gybydlus o'r ddarfodedigaeth, y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Gobeithiwyd cyfuno yn yr Adroddiad Blynyddol hwn am 1972 ddadansoddiad o'r ystadegau hanfodol am 1973 yn ogystal, ond bellach mae'n gwbl anlwg na all y Swyddfa Cyfrifiad ac Arolwg Poblogaeth roi'r wybodaeth sylfaenol angenrheidiol ar gyfer unrhyw ddadansoddiad cyn y daw'r Cyngor presennol hwn i ben.

O ganlyniad, dyna'r adroddiad olaf y caf y pleser o'i gyflwyno fel eich Swyddog Iechyd. Ceisiais ar hyd y blynyddoedd dynnu eich sylw at nifer o broblemau a oedd yn dylanwadu ar iechyd cyhoeddus, ac ar yr achlysur olaf hwn hoffwn amlygu rai o'r problemau a deuir wyneb yn wyneb a hwy yn y dyfodol, a meddwl andanynt yng nghefnidir problemau'r gorffennol.



Gadewch i ni felly edrych ar y sefyllfa ym Mhrydain yng nghanol y ganrif ddiwethaf pan gafodd y Swyddogion Iechyd cyntaf eu hapwntio. Erbyn 1850 roedd y Chwyldro Diwydiannol yn gyflawn, a thra roedd saith-deg-pump y cant o boblogaeth Prydain ym 1780 yn gweithio ar y tir, dim ond pedwar-deg y cant a wnaï hynny erbyn 1850; gweithiai'r gweddill mewn diwydiant a byw dan amodau gwarthus a ddaeth yn sgil y Chwyldro Diwydiannol. Llafuriai mamau a phlant mewn diwydiant, a gorfodid llawer o deuluoedd i fyw mewn un ystafell fechan lle roedd y plant yn llygad - dystion o enedigaeth, marwolaeth a'r frech wen. Cludwyd llwythi o blant y tlodion mewn ceirt i weithio'n rhad am bymtheg awr y dydd a chwe niwrnod yr wythnos mewn diwydiant, ac fe'u lletywyd mewn gwersylloedd mil-wrol gerllaw'r ffatrioedd.

Roedd arswyd rhag afiechyd heintus yn beth bywiawn - yn 1849 bu 53.000 farw o golera yn y wlad hon. Dengys yr Andover Scandal yn 1845 absenoldeb llwyr unrhyw gydwybod gymdeithasol swyddogol, a gwell fyddai peidio a son am driniaethau a weinyddwyd yn enw meddygaeth a llawfeddygaeth.

Yn erbyn y cefndir hwn o fywyd aflan a marwolaeth drugarog, pan ddisgwyliid i o leiaf 200 ac yn aml 250 o blant allan o bob mil a anwyd, i farw cyn eu pen-blwydd cyntaf, a lle nad oedd obaith i bobl fyw dros ddeugain oed, y cafwyd y Ddeddf Iechyd Cyhoeddus gyntaf yn 1843 a phenodwyd Syr John Simon yn Swyddog Iechyd cyntaf Llundain. Ni wnaeth neb, na chynt na wedyn, fwy dros iechyd y wlad hon. Mae rhagolwg gymdeithasol eang ei adroddiadau, y rhan a chwaraeodd mewn diwygio hofforddiant meddygon, a'r dulliau a ddefnyddid yn y Prif Swyddfa Gofrestru yn fynegiant o'i agwedd gynhwys fawr tuag at broblemau Iechyd Cyhoeddus. O'r £2,000 a dderbyniodd i noddi ei ymchwiliadau y tyfodd holl drefn ymchwil feddygol ym Mhrydain. Sefydlodd Gomisiwn Iechyd Brenhinol, ac am y tro cyntaf rhoddwyd pwyslais ar atal halogi dwr, glendid tai annedd, cael gwared ar





sbwriel a mwg, archwilio bwyd, claddu'r meirw heb wneud niwed i'r byw, a chofrestru afiechyd a marwolaeth.

Yn 1871 daeth addysg orfodol i rym a golygai hyn na ellid mwyach anfon plant allan i ennill, a'i bod yn ofynnol i'w rhieni eu cadw tan iddynt gyrraedd oedran gadael ysgol. Canlyniad hyn oedd i nifer y genedigaethau (a oedd yn 35 y 1,000 poblogaeth yn 1871) ddisgyn yn gyson bob blwyddyn, ar wahan i godiad a gysylltir a'r Ail Dyfel Byd, tan 1972 pan nad oedd ond 15 y 1,000 poblogaeth. Er hynny, yn ystod y can mlynedd hyn bu i boblogaeth Cymru a Lloegr ddyblu o 24 miliwn yn 1871 i 49 miliwn yn 1972. Gellir egluro'r gwrthgyferbyniad hwn yn wyneb y lleihad cyfatebol a fu yn nifer marwolaethau plant yn ol y 1,000 o enedigaethau byw o 149 yn 1871 i 17 yn 1972, a'r lleihad cyson yn nifer y marwolaethau o 21 yn 1871 i 12 yn 1972 y 1,000 poblogaeth.

Yn araf, teimlwyd effaith diwygiadau'r G9edd, nes bod y wlad yn barod erbyn Blynnyddoedd cynnar y ganrif hon i dderbyn polisiau cymdeithasol eangfrydig Mr. Lloyd George - mae'n ddiddorol i ni sylwi fod y budd-dal o chweugain a delid i ddyn tost yn 1911 yn cynrychioli cyfran uwch o'r gyflog gyffredin, ac yn uwch ei gwerth ar y farchnad na'rswm a deli'r heddiw.

Yn 1919 sefydlwyd y Weinyddiaeth Iechyd, ac yn fuan wedyn glinigau a gofal dros famau a phlant a'i ymgyrchoedd rhag afiechydon heintus. Doedd hi'n anochel i'r diwygiadau meddygol a chymdeithasol hyn ennill grym a chyrraedd eu hanterth yn neddfau Swasanaethau Cymdeithasol 1946 a 1973.

Gadewch i ni'n awr edrych ar rai o broblemau'r presennol a'r dyfodol yng nghefnidir yr amlinelliad bras a gafwyd o'r gorffennol. Un o'r problemau pwysicaf a fydd yn ein hwynebu i'r dyfodol fydd problem yr henoed. Ar ddechrau'r ganrif hon dim ond pedwar y cant o boblogaeth Prydain oedd dros 65 oed, ac yn 1990 fe fydd dau-ar-bymtheg y cant dros 65. Mae'n galonogol sylwi mai dim ond





or 'stroke', which have been called the diseases of affluence in our car-borne, smoking, overfed, centrally heated, automated, leisure-ridden society, where boredom with its associated psychiatric disturbances, has replaced fatigue with its associated somatic disturbances.

It is interesting to speculate about the diseases of the future. The introduction of more detergents and synthetics may cause new diseases of allergy, further advances in chemotherapy may lead to the emergence of new resistant strains of disease - causing organisms, new drugs may cause new toxic states, the increasing use of new insecticides and the further sophistication of food-stuffs may lead to new metabolic diseases and ionizing radiation may cause new forms of cancer.

It is a sobering thought that good advice given many centuries ago cannot be bettered today. In the 5th century B.C., Hippocrates, the father of medicine, advised moderation in eating and drinking. Galen (130-200 A.D.) emphasized the effect of social conditions on health, and concluded that physical work short of fatigue, the enjoyment of sun and fresh air, a moderate diet and the pleasant exercise of the mind in conversation were all beneficial to health. This same advice echoes down through the centuries to us today from our own Physicians of Myddfai, who said in the 12th century "Tri chymedroldeb a berant hir oes - ym-borth, llafar a nyfyrdod".

Hippocrates wrote two and a half thousand years ago "It is changes that are chiefly responsible for diseases" and this remains true today. Total environment affects disease patterns, and since we are rapidly destroying our own environment, we are in danger of becoming the cancer of our own country and destroying ourselves at the same time.



Ceisiau poblogaeth y dinasoedd o'r trefi annryfn symud allan i'r pentrefi gwledig cyfagos i fyw er lles ac iechyd corfforol gan droi eu cefnau ar yr amgylchfyl a halogwyd ganddynt hwy eu hunain. "Datblygid" y pentrefi yn faes-drefi sy'n ddim amgenach nag anialdir concret sy'n magu nid afiechydon corfforol ond afiechydon seiciatryddol oherwydd nas ceir ynddynt unrhyw fywyd cymdeithasol yn yr angen i ddianc rhag hyn mae'r boblogaeth yn symud allan o'i naestrefi i'r wlad nas "datblygwyd" na'i halogi, gyda'r canlyniad anochel y gwelir "datblygiad" ar rfurf meysydd carafaniau helaeth a phentrefi gwyliau sy'n llawn o'r paraffanalia a ystyrir yn angenrheidiol i fywyd trefol, ond sy'n hollol wrthun i fywyd gwar. Fe gree'r symudiadau cyson hyn mewn poblogaeth broblemau dyrys mewn iechyd cyhoeddus, oherwydd wrth i'r Gymdeithas Eoethus hon halogi afonydd a ffrydiau oedd gynt yn anllygredig try'n gymdeithas esgeulus sy'n dinistrio'n hangylchfyl.

Problemau arall i'w hystyried yw'r newid ym mhatrwm afiechyd. Gan mlynedd yn ol roedd y mwyafrif o bobl y wlad hon yn anadlu awyr bur, ond yn yfed dwr brwnt. Roeddent yn marw o afiechydon heintus a maethlon a gysylltidd a thlodi a gwendid. Heddiw, yf mwyafrif o bobl y wlad hon ddwr pur, ond anadlant awyr wedi ei lygru. Maent yn marw o afiechydon y galon y cancer neu stroc. Disgrifiwyd yr afiechydon hyn yn afiechydon y goludlawn mewn cyndeithas sy'n moduro yn smocio ac yn gorfwyta, gyda'i gwres canolog a'i bywyd hunanysgogol a gorniodedd o oriau hamdden. Yn lle blinder a gysylltir ag afiechydon corfforol, ceir diflastol a gysylltir ag afiechyd meddyliol.

Mae'n ddiddorol dyfalu beth fydd afiechydon y dyfodol. Fe all rhoi ar y farchnad ragor o lanedyddion a synthetigion greu afiechydon alergol newydd, fe all datblygiadau pellach mewn cemotherapeg greu mathau newydd o afiechydon sy'n gwrthsefyll unrhyw foddion ac achosi organebau, fe all drygiau newydd wenywyo, fe all y defnydd cynyddol ar bryfleiddiadau a'r llygru pellach ar



fwydydd arwain i afiechydon metabolig, a gall pelydredd ionig achosi mathau newydd o gancr.

Fe'n sobrir o gofio na ellir gwella ar y cyngor da a roddwyd lawer canrif yn ol gan Hippocrates, tad meddygaeth, yn y pumed ganrif, ar i ni fod yn gymhedrol wrth fwyta ac yfed. Pwysleisiodd Galen (130 - 200 O.C.) effaith amodau cymdeithasol ar iechyd a dyfarnodd fod gwaith corfforol heb ornod o flinder, mwynhau haul ac awyr iach, bwyta cymhedrol a sgwrs i hogi'r meddwl, yn llesol i iechyd. Daeth yr un neges i lawr atom drwy'r canrifoedd, a chawn Fedlygon Hyddfai yn y deuddegfed ganrif yn dweud; "Tri chymedroldeb a barant hir oes - ymborth, llafar a myfyrdod".

Odw y fil a hanner o flynyddoedd yn ol sgrifennodd Hippocrates; "It is changes that are chiefly responsible for diseases", a deil hyn yn wir heddiw. Mae'r angylchfyd cyfan yn effeithio ar batrymau afiechyd a chan ein bod yn cyflym ddinistrio ein hangylchfyd ein hunain, rydym mewn perygl o ddifrodi ein gwlad a dinistrio ein hunain yr un pryd.

Gan mlynedd yn ol ceid afiechyd ochr yn ochr a thlodi, ond heddiw y cyfaethog sy'n fwyaf tebygol o fod yn afiach, ac ymddengys fod yna le mawr i ddadlau cyn belled ag y mae iechyd yn y cwestiwn y dylai meddygaeth amlygu ffordd biwritanaidd o fyw.

Gwelir alroddiad rwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan yr Arlygwr Iechyd Cyhoeddus yn y tudalennau canlynol.





(1)

VITAL STATISTICS

	<u>1970</u>	<u>1971</u>	<u>1972</u>
<b>1. <u>LIVE BIRTHS</u></b>			
Total .. .. .	8	8	9
Leg: ..	8	3	7
Illeg: ..	0	0	2
Rate per 1,000 population (crude) .. .. .	9.2	10.5	11.8
Rate per 1,000 population (adjusted) .. .. .	14.6	16.7	20.3
Rate per 1,000 population England and Wales ..	16.0	16.0	14.8
Illegitimate live births per cent of total live births	0	0	22
<b>2. <u>STILLBIRTHS</u></b>			
Total .. .. .	0	1	0
Leg: ..	0	0	0
Illeg: ..	0	1	0
Rate per 1,000 live and stillbirths .. .. .	0	111	0
Rate per 1,000 live and stillbirths England and Wales	13	12	12
<b>3. <u>TOTAL LIVE AND STILLBIRTHS</u> .. .. .</b>	<b>8</b>	<b>9</b>	<b>9</b>
<b>4. <u>PERI-NATAL DEATHS</u> (Stillbirths plus early neo-natal deaths)</b>			
Total .. .. .	0	1	0
Leg: ..	0	0	0
Illeg: ..	0	1	0
Rate per 1,000 total live and stillbirths .. ..	0	111	0
<b>5. <u>EARLY NEO-NATAL DEATHS</u> (deaths under one week)</b>			
Total .. .. .	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births .. .. .	0	0	0
<b>6. <u>NEO-NATAL DEATHS</u> (deaths under four weeks)</b>			
Total .. .. .	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births .. .. .	0	0	0





	<u>1970</u>	<u>1971</u>	<u>1972</u>
7. <u>INFANT DEATHS</u> (total deaths under one year)			
Total .. .. .	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births .. .. .	0	0	0
Legitimate infant deaths per 1,000 legitimate live births ..	0	0	0
Illegitimate infant deaths per 1,000 illegitimate live births	0	0	0
8. <u>MATERNAL DEATHS</u> (including abortion)			
Number of deaths .. .. .	0	0	0
Rate per 1,000 total live and stillbirths .. ..	0	0	0
<hr/>			
<u>DEATHS</u>			
Total .. .. .	17	16	10
Rate per 1,000 population (crude) .. .. .	19.5	21.1	13.2
Rate per 1,000 population (adjusted) .. .. .	11.1	12.0	6.9
Rate per 1,000 population England and Wales ..	11.7	11.6	12.1
<hr/>			
Area comparability factor for births .. .. .	1.59	1.59	1.72
Area comparability factor for deaths .. .. .	0.57	0.57	0.52

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POPULATION STATISTICS

Area (in acres) .....	281
Population (census 1961) .....	954
Population (Registrar General's Estimated Mid-Year Population for 1972) .....	760



(3)

CAUSES OF DEATH

(Headings with no deaths allocated are omitted)

<u>Causes of Death</u>	<u>Number of Deaths</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm, Stomach	1	1	2
Malignant Neoplasm, Breast	-	1	1
Other Malignant Neoplasms	-	1	1
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	2	2	4
Cerebrovascular Disease	1	-	1
<hr/>			
TOTAL:	4	6	10
<hr/>			



## INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

[illegible]



TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	-	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	-	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

No action was required to be taken under this section during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years and are under the control of the County Council.

W. J. St. E.-G. RIXS

MEDICAL OFFICER, OF HEALTH





ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1972

I have pleasure in submitting my report for the year ending 31 December 1972.

WATER SUPPLY

The Cardiganshire Water Board is responsible for the water supply for the District. Improvements undertaken during this year have greatly assisted in maintaining a sufficient supply during the peak holiday periods.

There are no public swimming baths in the district.

DRAINAGE AND SEWERAGE

The system continues to function reasonably well despite abnormally high loading during the holiday periods. The firm of Consultants employed by the Council has reported that, apart from a large ingress of surface water, the system of sewers as designed gives no great rise for concern, but that the system of disposal to sea by the present outfall is totally inadequate. The Council, in conjunction with the Rural District Council of Aberaeron, have instructed Consultants to design a new submarine outfall sewer to discharge macerated sewage effluent into deep water at a point 4,500 feet from land. The design is now at an advanced stage and work should begin shortly.

Closet Accommodation

Number of closets connected to the sewerage system .. .. .	446
Number of closets connected to cesspools and septic tanks .. .. .	24
Number of pail closets within the range of sewers not connected .. .. .	Nil
Number of pail and earth closets .. .. .	2

PUBLIC CLEANSING

Refuse is collected by the Council employees and this service covers the whole area of the Urban District.

Refuse disposal takes place at Aberaeron Rural District Council's refuse tip at Rhydeinion, which is four to five miles from New Quay. The covering and control of the tip is carried out by the Rural District Council.

The collection of refuse during the holiday period presents the Council with the most time consuming problem. The twice-weekly collection involves the whole of the labour force for the greater part of the week.



By far the greatest volume of refuse consists of waste paper and cardboard boxes and these items rapidly fill the collection vehicle, which then has to travel to the tip some four miles away.

The occupiers of the business premises have again been asked to co-operate and flatten all boxes to prevent voids, and this is having the desired effect.

### Litter

Much is being done to try to make the public "Litter Conscious" and the provision of a few more attractive litter bins has helped towards this end.

Despite the publicity given to this problem on television and in the national press, members of the public continue to leave the beaches and quayside in a filthy condition, and this gives any resort a bad name - it is ironical that it is the very people who come to enjoy our clean beaches, are the culprits who complain when they arrive on the beach next morning and find it littered with their own rubbish.

### HOUSING INSPECTIONS

#### Number of houses inspected:

Under the Public Health Act 1936 .. .. .	18
Under the Housing for Improvements .. .. .	23
Number of houses inspected after infectious diseases .. .. .	Nil

#### Notices Served - Public Health Act

Number of informal notices served .. .. .	6
Number of informal notices complied with .. .. .	6
Number of statutory notices served .. .. .	Nil
Number of statutory notices complied with .. .. .	Nil

#### Housing Repairs and Rents Act 1954 and Housing Act 1957

1. Unfit houses closed or declared unfit .. .. .	Nil
2. Houses in which defects were remedied after informal action .. .. .	Nil

### HOUSING ACT 1949, HOUSING REPAIRS AND RENTS ACT 1954

#### Improvement Grants - Discretionary

Number of applications  
approved  
6

Approved Expenditure  
  
£6,745

#### APPROVED GRANTS

£5,151

Number of payments made  
1

Amount Paid  
£468



HOUSING PURCHASE AND HOUSING ACT 1959Improvement Grants - StandardApplications received

2

Number of payments made

2

Approved Grants

£500

Total payments

£500

RENTS ACT 1957

1. Number of applications for certificates of disrepair ..... Nil
2. Number of decisions not to issue certificates ..... Nil
3. Number of decisions to issue certificates ..... Nil
4. Number of certificates of disrepair issued ..... Nil
5. Number of applications by landlord for cancellation  
of certificate ..... Nil

PREVENTION OF DAMAGE BY PESTS ACT

All types of premises were visited and where necessary advice was given and poison baiting was carried out. All infestations were treated by the Council's Rodent Operator. Seventeen treatments were carried out during the year in private dwellings. The refuse tip at Gilfachrheda, although not now used, is continually kept under observation and baits laid when necessary. All were minor infestations.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

Number of licensed caravan sites .. .. .	5
Number of inspections of caravan sites .. .. .	34

The five sites, with their maximum number of caravans are:

1. Raymond Caravan Park .. .. .	250
2. Traeth Gwyn Caravan Park .. .. .	116
3. Neuadd Caravan Park .. .. .	85
4. Rectory Field Caravan Park .. .. .	20
5. Mindraeth Caravan Park .. .. .	2
<hr/>	
Total .. .. .	473

The caravan sites are fairly well maintained. Two of the sites are self contained in that shops and licensed clubs are available to the caravan-dwellers on the site concerned.

The amount of caravan and chalet development, which has taken place around New Quay, has greatly increased the summer population and at peak season the little resort and its essential services seem almost unable to take any more.

Complaints received were dealt with promptly.





BURIAL AND CREMATION OF THE DEADNational Assistance Act 1948 (Section 50)

Number of persons buried by the Authority .. .. . Nil

Municipal Cemetery

Number of persons buried within the district .. .. . 3  
 Number of persons buried from outside the district .. .. . 5

The cemetery is under the care of Mr. Alun Williams who supplied the above information.

A number of further improvements will be carried out at the Council's cemetery in the near future.

COUNCIL HOUSES

Number of Council Houses in the district .. .. . 28  
 Number of Council Old People's Bungalows .. .. . 6

These are all situated on an estate at "Cylch-y-Llan" and on the whole are excellently maintained.

Flats .. .. . 2

MILK SUPPLY

Number of retailers within the district .. .. . 2  
 Number of dairies .. .. . Nil

Milk Supplies - Brucella Abortus

The sampling of raw milk sold within the area for Brucella Abortus and antibiotics is done in conjunction with the sampling of the Abernaron Rural District Council.

Brucella Abortus - Not isolated  
 Antibiotics - No trace

INSPECTION AND SUPERVISION OF FOOD PREMISES

Number of inspections of meat shops and vans .. .. . 35  
 Number of inspections of restaurants and public houses .. .. . 72  
 Number of inspections of premises where ice-cream is sold .. .. . 39  
 Number of inspections of dairies .. .. . Nil

The standard of food premises within the area, in general, remains high and regular inspections are made to ensure that these standards are maintained, but a note of caution must be given as the increase in popularity of the resort is beginning to stretch some food premises above the limits for which they were





originally intended. These premises are still being induced to expand their preparation and storage facilities in order that they are able to operate within safe Public Health limits.

### UNSOOUND FOOD

During the year no unsound foodstuffs were voluntarily surrendered for condemnation by the Local Authority.

### SLAUGHTER OF ANIMALS ACT 1933

Licenses issued to slaughtermen .. .. . Nil  
There are no slaughterhouses in the area.

### FOOD POISONING

There was no notified case of food poisoning during the year.

### FACTORIES ACT 1937 and 1948

Inspection during the year:

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by the Local Authority	3	7	-	-
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	4	10	-	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	-	-	-	-
TOTAL	7	17	-	-



OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

One new premises was registered during the year, and the totals are now as follows:-

Offices .. .. .	3
Retail shops, warehouses .. .. .	5
Catering establishments open to the public .. .. .	7
	<hr/>
Total .. .. .	15
	<hr/>

Total number of inspections during the year .. .. . 29

I should like to thank the Members of the Council and the staff for their assistance and co-operation during the year.

MANSSEL HUGHES

PUBLIC HEALTH INSPECTOR

Public Health Department,  
Pier Buildings,  
NEW QUAY,  
Cardiganshire.





